## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # S33061

 Entity Name SUNCOAST CONSULTING GROUP, INC.



02042004

FILED Feb 09, 2004 08:00 AM Secretary of State

CR2E034 (10/03)

Principal Place of Business

Mailing Address

4954 ROTHSCHILD DR CORAL SPRINGS, FL 33067 US 4954 ROTHSCHILD DR CORAL SPRINGS, FL 33067

US



No Chg-P

DO NOT WHILE IN THIS OF A				4. FEI Numbe			Applied For
				65-024	3791		Not Applicable
				5. Certificate	of Status Desired		8.75 Additional ee Required
6. Name and Address of Current Registered Agent							· .
FLATTERY, ERIC 4954 ROTHSCHILD DR CORAL SPRINGS, FL 33067					NOT W		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fjorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees	U0000 02/09/04	1004129 -80082	6 -007 150.00
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DPT FLATTERY, ERIC 4954 ROTHSCHILD DR CORAL SPRINGS, FL 33067	-					
title Name Street address City-St-Zip	S FLATTERY, ERIC 4954 ROTHSCHILD DR CORAL SPRINGS, FL 33067						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							